

Pride in Parenting
FRS Telephone Form Summary

Study ID Number: **AFFIX LABEL HERE**

Date Mother Enrolled in PIP: _____ / _____ / _____

1. Please indicate the number of times the following services/issues were raised by the mother.

- | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|
| a. Child care | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| b. Clothing | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| c. Domestic violence | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| d. Education (general) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| e. Family Planning | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| f. Food Nutrition Info. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| g. Furniture | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| h. Health Ed. Info | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| i. Housing | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| j. Immunization | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| k. Medicaid/AFDC/WIC | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| l. Mental Health | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| m. Parenting Info. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| n. Post-partum Care | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| o. Protective Services | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| p. Substance Abuse | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| q. Transportation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| r. Well Baby visits | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| s. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| t. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| u. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

2. Please indicate the number of times the following services/issues were raised by the FRS.

- | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|
| a. Child care | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| b. Clothing | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| c. Domestic violence | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| d. Education (general) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| e. Family Planning | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| f. Food Nutrition Info. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| g. Furniture | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| h. Health Ed. Info | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| i. Housing | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| j. Immunization | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| k. Medicaid/AFDC/WIC | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| l. Mental Health | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| m. Parenting Info. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| n. Post-partum Care | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| o. Protective Services | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| p. Substance Abuse | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| q. Transportation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| r. Well Baby visits | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| s. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| t. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| u. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

3. Please indicate the number of times the FRS made a referral for the following services:

- a. Child care 0 1 2 3 4 5 6 7 8 9 10 11 12
- b. Clothing 0 1 2 3 4 5 6 7 8 9 10 11 12
- c. Domestic violence 0 1 2 3 4 5 6 7 8 9 10 11 12
- d. Education (general) 0 1 2 3 4 5 6 7 8 9 10 11 12
- e. Family Planning 0 1 2 3 4 5 6 7 8 9 10 11 12
- f. Food Nutrition Info. 0 1 2 3 4 5 6 7 8 9 10 11 12
- g. Furniture 0 1 2 3 4 5 6 7 8 9 10 11 12
- h. Health Ed. Info 0 1 2 3 4 5 6 7 8 9 10 11 12
- i. Housing 0 1 2 3 4 5 6 7 8 9 10 11 12
- j. Immunization 0 1 2 3 4 5 6 7 8 9 10 11 12
- k. Medicaid/AFDC/WIC 0 1 2 3 4 5 6 7 8 9 10 11 12
- l. Mental Health 0 1 2 3 4 5 6 7 8 9 10 11 12
- m. Parenting Info. 0 1 2 3 4 5 6 7 8 9 10 11 12
- n. Post-partum Care 0 1 2 3 4 5 6 7 8 9 10 11 12
- o. Protective Services 0 1 2 3 4 5 6 7 8 9 10 11 12
- p. Substance Abuse 0 1 2 3 4 5 6 7 8 9 10 11 12
- q. Transportation 0 1 2 3 4 5 6 7 8 9 10 11 12
- r. Well Baby visits 0 1 2 3 4 5 6 7 8 9 10 11 12
- s. Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12
- t. Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12
- u. Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12

4. How many times did the mother follow-up on referrals recommended by the FRS for the following services?

- a. Child care 0 1 2 3 4 5 6 7 8 9 10 11 12
- b. Clothing 0 1 2 3 4 5 6 7 8 9 10 11 12
- c. Domestic violence 0 1 2 3 4 5 6 7 8 9 10 11 12
- d. Education (general) 0 1 2 3 4 5 6 7 8 9 10 11 12
- e. Family Planning 0 1 2 3 4 5 6 7 8 9 10 11 12
- f. Food Nutrition Info. 0 1 2 3 4 5 6 7 8 9 10 11 12
- g. Furniture 0 1 2 3 4 5 6 7 8 9 10 11 12
- h. Health Ed. Info 0 1 2 3 4 5 6 7 8 9 10 11 12
- i. Housing 0 1 2 3 4 5 6 7 8 9 10 11 12
- j. Immunization 0 1 2 3 4 5 6 7 8 9 10 11 12
- k. Medicaid/AFDC/WIC 0 1 2 3 4 5 6 7 8 9 10 11 12
- l. Mental Health 0 1 2 3 4 5 6 7 8 9 10 11 12
- m. Parenting Info. 0 1 2 3 4 5 6 7 8 9 10 11 12
- n. Post-partum Care 0 1 2 3 4 5 6 7 8 9 10 11 12
- o. Protective Services 0 1 2 3 4 5 6 7 8 9 10 11 12
- p. Substance Abuse 0 1 2 3 4 5 6 7 8 9 10 11 12
- q. Transportation 0 1 2 3 4 5 6 7 8 9 10 11 12
- r. Well Baby visits 0 1 2 3 4 5 6 7 8 9 10 11 12
- s. Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12
- t. Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12
- u. Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12

Signature of FRS: _____

Date:

Signature of Project Coordinator:

Date: